

## Travis Unified School District Sutter Health Plus Plan Benefit Comparisons

Effective: January 1, 2025

Carrier Name	Sutter Health Plus ML 78 HMO - \$10 Copay <b>Closed to New Enrollment</b>	Sutter Health Plus ML 85 HMO - \$20 Copay	Sutter Health Plus HD 39 HSA \$2,500
Plan Name			
<b>General Plan Information</b>			
Annual Deductible/Individual	\$0	\$500	\$2,500
Annual Deductible/Two-Party/Family	\$0	\$500/\$1,000	\$3,300/\$5,000
Office Visit/Exam/ Outpatient Specialist Visit	\$10 copay	\$20 copay no deductible	20% after deductible
Telehealth Visits - PCP, Specialist, MH/SUD	\$5 copay	\$10 copay no deductible	\$10 copay no deductible
Annual Out-of-Pocket Limit/Individual	\$1,500	\$3,000	\$4,000
Annual Out-of-Pocket Limit/Two-Party/Family	\$1,500/\$3,000	\$3,000/\$6,000	\$4,000/\$8,000
<b>Outpatient Services</b>			
Well-Child Care	\$0 copay	\$0 copay no deductible	\$0 copay no deductible
Immunizations	\$0 copay	\$0 copay no deductible	\$0 copay no deductible
Well Woman Exams/ Mammograms	\$0 copay	\$0 copay no deductible	\$0 copay no deductible
Adult Periodic Exams with Preventive Tests	\$0 copay	\$0 copay no deductible	\$0 copay no deductible
Diagnostic X-Ray and Lab Tests	\$10 copay	\$20 copay no deductible	20% after deductible
Pregnancy and Maternity Care (Pre-Natal Care)	\$0 copay	\$0 copay no deductible	\$0 copay no deductible
<b>Inpatient/Outpatient Hospital Services</b>			
Inpatient Hospitalization	\$250 copay per admission	10% after deductible	20% after deductible
Outpatient Facility Charge	\$10 copay	10% after deductible	20% after deductible
<b>Emergency Services/Urgent Care</b>			
Emergency Room	\$100 copay waived if admitted	10% after deductible, waived if admitted	20% after deductible
Urgent Care Facility	\$10 copay	\$20 copay no deductible	20% after deductible
<b>Prescription Drug Benefits</b>			
<b>Retail Prescriptions</b>			
Generic	\$10 copay no deductible	\$10 copay no deductible	\$10 copay after deductible
Brand (Formulary/Preferred)	\$30 copay no deductible	\$30 copay no deductible	\$30 copay after deductible
Brand (Non-Formulary/Non-preferred)	\$60 copay no deductible	\$60 copay no deductible	\$60 copay after deductible
Number of Days Supply	30 days	30 days	30 days
<b>Mail Order Prescriptions</b>			
Generic	\$20 copay no deductible	\$20 copay no deductible	\$20 copay after deductible
Brand (Formulary/Preferred)	\$60 copay no deductible	\$60 copay no deductible	\$60 copay after deductible
Brand (Non-Formulary/Non-preferred)	\$120 copay no deductible	\$120 copay no deductible	\$120 copay after deductible
Number of Days Supply for Mail Order	up to 100 days	up to 100 days	100 days
	20% not to exceed \$100/Rx no deductible (30 day supply)	10% not to exceed \$100/Rx no deductible (30 day supply)	20% after deductible not to exceed \$100/RX (30 day supply)
<b>Specialty Prescriptions</b>			
<b>Employee Premium - Less \$625 Employer Contribution</b>			
<b>SINGLE</b>			
12 Months	\$575.90	\$392.70	\$264.30
11 Months	\$628.25	\$428.40	\$288.33
10 Months	\$691.08	\$471.24	\$317.16
<b>TWO-PARTY</b>			
12 Months	\$1,825.00	\$1,451.10	\$1,189.20
11 Months	\$1,990.91	\$1,583.02	\$1,297.31
10 Months	\$2,190.00	\$1,741.32	\$1,427.04
<b>FAMILY</b>			
12 Months	\$2,016.90	\$1,613.90	\$1,331.50
11 Months	\$2,200.25	\$1,760.62	\$1,452.55
10 Months	\$2,420.28	\$1,936.68	\$1,597.80